

Pro Se I (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

Eddie Van Oliver III

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

David Huffman

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. \_\_\_\_\_

1:23 CV 0010

(to be filled in by the Clerk's Office)

JUDGE GAUGHAN

Jury Trial: (check one) ☒ Yes ☐ No

FILED

JAN 03 2023

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELAND

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Eddie Van Oliver III5980 Richmond HwyAlexandria FairfaxVirginia 22303614-972-1469e.oliver@outlook.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐

Federal question

☒

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Eddie Van Oliver III, is a citizen of the  
State of (name) Virginia Virginia.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) David Huffman, is a citizen of  
the State of (name) Ohio. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

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### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

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### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff \_\_\_\_\_

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
DIVISION

Eddie Van Oliver III

(Enter Above the Name of the Plaintiff in this Action)

1:23 CV 0010

JUDGE GAUGHAN

vs.

David Hoffman Ohio Department of Mental Health  
(Enter above the name of the Defendant in this Action)

If there are additional Defendants, please list them:

Ohio Department of Mental Health

FILED

JAN 03 2023

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELAND

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

Eddie Van Oliver III

Name - Full Name Please - PRINT

5980 Richmond Hwy 22303

Street Address

Alexandria, Virginia 22303

City, State and Zip Code

614-972-1469

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.



Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. David Hoffman Huffman  
Name - Full Name Please  
30 E Broad St, Columbus, OH 43215  
Address: Street, City, State and Zip Code
2. Susan Fuhman  
3535 Olentangy River Rd Columbus, OH 43214-3908
3. Campbell, Robert  
2085 Citygate Drive Columbus, OH 43219
4. Kristina Rowe,  
2085 Citygate Drive Columbus, OH 43219
5. Craig Carpenter  
40 E Spruce Street Columbus, OH 43215
6. Ben Sadler  
30 E Broad St 11th Fl Columbus, OH 43215

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

## II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- ☐ Title 28 U.S.C. § 1343(3)  
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- ☐ Title 28 U.S.C. § 1331  
[A lawsuit "arising under the Constitution, laws, or treaties of the United States."]
- ☐ Title 28 U.S.C. § 1332(a)(1)  
[A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- ☒ Title 51 United States Code, Section 20137  
[Other federal status giving the court subject matter jurisdiction.]

### III. Statement of Claim

Please write as briefly as possible the facts of your case. Describe how each Defendant is involved. Include the name of all persons involved, give dates and places.

Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

Admitted to Twin Valley Behavioral Healthcare Hospital  
04/19/2019 UNVoluntarily Involuntarily

Discharged 05/08/2019

Admitted to Columbus Springs East 09/20/2019  
Involuntarily

Discharged 09/27/2019

Admitted to Riverside Methodist Hospital  
Behavioral Health 05/29/2019

Discharged 06/4/2019

D

I was also admitted to another hospital  
Prior to these. I believe I was Sabotaged  
into <sup>those</sup> ~~these~~ hospitals. <sup>Said</sup> They terrible things about my  
Character. Some the things they said were harmful  
to my integrity. I am a Christian.

"They also gave me Depakote <sup>1000mg</sup>, with Invega 6mg



IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.  
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

<u>Case Number</u>	<u>Caption</u>
_____	_____ vs. _____
_____	_____ vs. _____
_____	_____ vs. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

I would like the case to be taken serious. I am suffering every day from the withdrawal of Invega. The additional facts will be included. My toenails have went fungal. I have had fungal toenails for 2 years now. Please remove the medical record and, Maximum damages applied.

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 29 day of December, 2022.

  
Signature of Plaintiff